2: Hockings E-4,5 (1962-1977) 1980
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Pl. 6

[following p. 248-F]

2: Hockings E-4,5 (1962-1977) '1980
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Plate Section

361 Plate 1 A typical Badaga hamlet (Dimbaṭṭi), above the valley floor but sheltered by a hill from the south-west monsoons. Note the strips of land running downhill. The well in the foreground is new.

342 Plate 2 Typical work-space (ke:ri) in front of houses in Ka:ṭe:ri. The two-story house is a twentieth-century innovation. The poles carry electricity to most houses.

291 Plate 3 A Toda couple, both wearing embroidered shawls (pu:txuḽy).

301 643 Plate 4 Pāda Rāja Gowder, paramount chief of the Badagas since 1956, and headman of Tu:ne:ri. His gold earrings are of a traditional design.

302 877 Plate 5 Two schoolgirls carrying their lunch. O:ranaṛi hamlet. Both have an auspicious mark on the brow.

302 ●759 Plate 6 Sithamma, grandmother of the girls in Plate 5; she lived in O:ranayi, was a traditional Lingayat, and a noted herbal therapist. Her gold ornaments are traditional.

000 Plate 7 Kumba:ras in Kempola hamlet, here enshrouded in mist.

177 764 Plate 8 Kotas from Kolmel playing for Lingayats dancing during a funeral at the neighbouring hamlet of O:ranayi, 1963. Women do not dance in public.

243 231 Plate 9 Cattle threshing grain on a work-space in O:ranayi. The hired labourers are non-Badagas.

496 291 Plate 10 Women's work-group outside a house in Ki:ṭkunda village. All wear sarees in place of the traditional dress.

778 782 Plate 11 The Goddess Hette with bell, a wreathed *linga*, and a tray with plantain and half-coconut offerings, decorating a Lingayat temple in Ka:ṭe:ri.

623 632 Plate 12 Council of elders at Ke:ti village. The commune headman is on the extreme left, in white.

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As an increasingly heavy work-load was placed on the therapists more women entered the craft; and more reliance was placed on Western medicine too. Today the scientific medicine of the public health department, and of government and mission hospitals, is making serious assaults on the faith that Badagas formerly had in their own herbal therapy, and is helping the population to expand at what must be considered an alarming rate (Diagram 1). The traditional therapy was adaptive, indeed crucial, for ancient Badagas trying to gain a foothold in a strange environ-

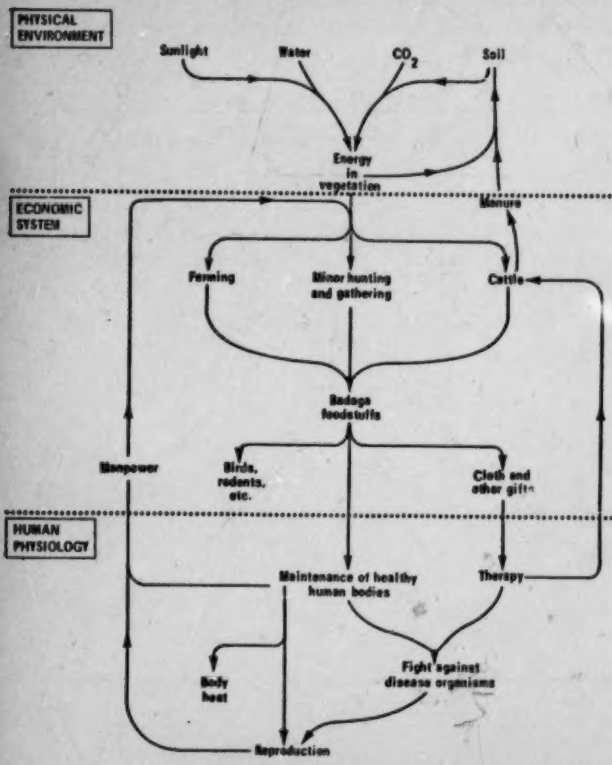

Diagram 2 : A simple model for energy flow in the Badaga ecological system

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Table 1. Attitudes Towards Ayurvedic Medicine

	Males	*Females*
"can cure any disease"	18.6%	14.3%
"occasionally may succeed"	25.2%	21.0%
"no: Western medicine is better"	2.7%	5.0%
unascertainable answers	53.5%	59.6%
	($N = 301$)	($N = 119$)

What these figures show is that only about a third of the respondents reported any faith in Ayurvedic medicine, and men expressed somewhat more confidence in it than women. On this question we do find a remarkably high level of non-response: people saying "I don't know" or not understanding the question. Their problem was that they were not all familiar with the sanskritic term *Ayurveda*. (The very low level of confidence in Western medicine is also notable.) In the light of these facts let us therefore proceed to examine how the Nilgiri medicaments are used, and how medical knowledge has been formulated by Badagas, without making any further reference to Ayurveda, since it is clearly a foreign system to them.

1.11. If recognized ailment X can be treated by herbs A and B, and recognized ailment Y is treated by herbs A, B and C, the different combination of herbs underlines that X is conceptually a separate ailment from Y. But what if A is the only pharmacologically active ingredient in either medicine? If it in fact has the same effect on both maladies, possibly they are one and the same from a scientific viewpoint: thus X = Y. If such equivalences in Badaga therapeutics could be identified, they would perhaps lead to a somewhat briefer roster of treatment. Why the present larger roster?

I think there are two reasons. One is that having a wider range of diagnoses and cures fosters the impression that therapists are in fuller control of illness, a topic to which we must return later (10.21). All therapy, we will suggest, incorporates an element of ritual and functions to reduce anxiety by it. If this is granted, then it follows that the more illnesses can be identified, the greater are the opportunities for reducing anxiety and fear in patients; whereas a minimal number of treatments could raise some doubts about whether therapy was worthwhile in a particular case.

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Secondly, these treatments have descended through many generations of therapists in the different villages. What are the implications of this? Badaga villages are exogamous, and marriage is virilocal. When a woman becomes a therapist, who then is she likely to learn from? As we shall see with Sithamma, who was not atypical in this respect, she learns from her husband's mother, or from some other older woman who is married into his village. This must make for some confusion occasionally. Perhaps a small girl learns the identities of many plants around her natal village, and may even acquire some basic cures from her mother or other women living in that village; but she only begins formal training as a therapist *after* marriage, which means that she is then living elsewhere, being indoctrinated into a possibly different set of practices and identi-

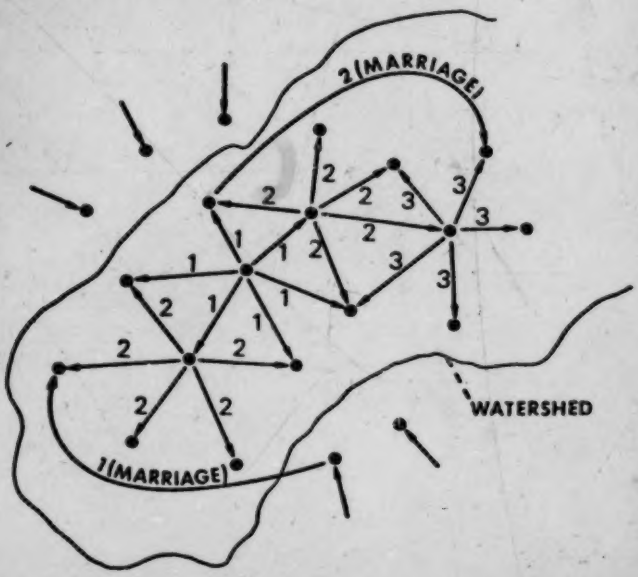

Diagram 3 : Schematic illustration of the spread of medical knowledge through some neighbouring Badaga villages during three professional lifetimes of therapists (ca. one century)

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fications than those she had picked up as a girl. Yet the older therapist sees to it that a trainee cures according to the traditions of her husband's hamlet. The rule of virilocal residence means that each village which has a therapist tends to retain some idiosyncratic patterns of curing, and to transmit them more or less unchanged through succeeding generations in that village alone. We must remember that some three-quarters of all the therapists are female.

But what of the male therapists? They are patrilocal in residence and hence just accentuate the effect I have already described: they too transmit a curing pattern that has long been idiosyncratic in their own village (cf. 10.12). And since therapists are secretive about their knowledge anyway, and would not compare cures between one village and another as a rule, there is no basis for a common medical tradition in Badaga culture. Even the male specialists who attract clients from all over the Nilgiris tend to rely on secret spells and secret herbal remedies, so that their knowledge also remains solely in their own hamlets and occasionally may provide some subsidiary income for generations of a particular family. In fact, it should be clear now that what I have recorded in this study is largely the medical system of Orana:yi village, where the informants The singh and his mother Sithamma lived, and of the immediately contiguous hamlets where she practised. It is true that a therapist or a midwife does visit such neighbouring hamlets, but this does not negate my hypothesis. It simply means that instead of there being theoretically 370 medical systems (i.e., the number of Badaga villages) there are probably between 50 and 100 (i.e., the number of practising therapists); and each is very locally restricted.

A model for the diffusion of Badaga medical knowledge over several generations is sketched in Diagram 3. Topography conditions this pattern very much, for the Nilgiri Massif is fragmented into many small valleys, and these *tend* to be exogamous because they were mostly colonized in the first place by members of one particular clan. Idiosyncratic therapeutic information thus tends to remain within a valley over the generations, where of course it will be based on and adapted to the flora that are locally available (cf. 1.4). To the extent that this information is in the hands of womenfolk it becomes a service that they provide mostly for their affines, and along with ceremonial reciprocity, money-lending, and the all-important arrangement of marriages, is a factor in the linkage of diverse lineages and clans.

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1.12. It is thus arguable whether the Badagas really have any medical *system*, if by this we mean a single coherent set of rules for handling episodes of sickness; for their therapeutic knowledge does not appear to be systematized, at least by their own account, and neither textbooks nor colleges are involved in its transmission. The young learn to be midwives and therapists and veterinarians by watching the old at work and sometimes asking questions. In this work the pragmatic act of diagnosis appears to be much more important than any general theory of the causation of disease, with the consequence that when a particular cure fails to yield results a new diagnosis of the symptoms is often attempted. This seeming lack of systematization arises from the idiosyncratic nature of the cures that different therapists try, and is reflected in the fact that the various medicines (*kasaiya*, "mixture") have no specific names, even though they obviously must vary greatly according to the diagnosis.

Badaga therapeutics must be regarded as an art rather than as the science that Western medicine has become. In any such folk society healing is a creative process as much as it is the application of accumulated traditional knowledge. It seems likely that Badaga therapeutics has survived and developed successfully *because* of the idiosyncratic practices of the healers. Individuals have become famous for particular cures, and persistence of the whole "system" has depended on the reputations of the successful few.

All knowledge has been learnt differentially, and Badaga medical knowledge has been passed on from generation to generation only with a certain amount of misinformation, false identification of plants and symptoms, and local variation in practice (cf. Diagram 3). A systematization of the entirety of Badaga therapeutic knowledge does not exist—or did not, till the writing of this book—and, as Sir E.E. Evans-Pritchard suggested for Zande magic, only parts of the available medical knowledge are recalled for explanation and curing by either the therapists or their patients. Thus in his Zande case:

> I am aware that my account of Zande magic suffers from lack of co-ordination. So does Zande magic. Magical rites do not form an interrelated system, and there is no nexus between one rite and another. Each is an isolated activity, so that they cannot all be described in an ordered account. . . In real life they do not

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> function as a whole but in bits. A man in one situation utilizes what in the beliefs are convenient to him and pays no attention to other elements which he might use in different situations. Hence a single event may evoke a number of different and contradictory beliefs among different persons. (Evans-Pritchard 1937: 540)

Much the same thing could be said of Badaga medicine. It is much more of a craft than a science, a fact that Weber recognized long ago as characterizing Indian therapy in general: "Medicine...in India, though highly developed in empirical technique, lacked a biological and particularly a biochemical foundation" (1930: 14).

The very fact that Badaga therapy has some of the characteristics of an art allows each therapist to elaborate the system in her own creative way wherever she sees a benefit in doing so. This brings us to a most important theoretical topic that should be central to all anthropological writing on cultural change, but curiously has not been: namely the role of women in cultural change. What seems like a conspiracy of silence on the subject has come about because of a greater concentration on processes than on personnel. Redfield, Kroeber, and many of their students have concerned themselves with such topics as innovation, diffusion, assimilation, acculturation, and so on, but have for the most part left the impression that these were realms of male activity. Such a misconception arose from a simplistic view of the role of women in alien societies. Indeed, in many of the societies studied it was difficult for male anthropologists to conduct extensive interviews with female informants: the view of female roles was thus to some extent a paraphrase of what male informants within the society saw those female roles to be.... And of course they were commonly stated to be woman as mother, woman as housekeeper, woman as trader, woman as agriculturist; more rarely, woman as politician or as lover. But woman as disciplinarian, poet, philosopher or innovator were topics scarcely ever touched in the cultural change literature. In the Badaga case it seems likely that while men did innovate in such areas as ritual and animal husbandry, women were commonly the innovators in therapy and midwifery, while both sexes probably had a role to play in the extensive agricultural and social innovations that followed upon their settlement on the Nilgiris.

1.13. For convenience we will now summarize very briefly the range of therapeutic practices that are to be described below in Chapters 5-8.

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clarified butter and sweet flag. All but the last two are grown in the plains and bought in the bazaar. Sweet flag is a Nilgiri plant the rhizome of which is dried. These items have to be mixed in particular proportions. The dried ginger is a rhizome one cm. thick; a piece one cm. long is used; also the same amount of sweet flag rhizome; four small pepper seeds; one teaspoonful of the small cumin seeds; three or four cloves; 1/2 cube of sugar; 1/2 teaspoonful of coffee powder; and two teaspoonfuls of clarified butter. Except for the butter, coffee, sugar, and cumin, these items are crushed on an open mortar with a metate-like stone roller. This object, about 20 cms. across, is called *maddare* or *matkallu*, and is used exclusively by Badaga therapists for grinding up medicines. An empty pot is put on the fire, and the cumin seeds roasted in it; when ready, they make a crackling sound. Then about two tumblers of water and the crude sugar are added, and after them the other ground items. As soon as the water boils the coffee powder is added; and when the liquid has half evaporated, it is filtered carefully through a piece of clean white cloth into a tumbler containing the clarified butter. When it has cooled a little this mixture is given to the woman to drink. After that her pains stop if the delivery is not really imminent; or else she has a quick delivery.

4.8. For a week or so before the expected birth the neighbours and other women of the girl's lineage keep an eye on her. When one of them has to go off to the fields to work she first calls to enquire about the health of the expectant woman. As soon as labour starts her parents send messages to all of the neighbouring houses, and also to her husband's house. The latter is supposed to pay the messengers who bring the news to him.

There is generally more than one midwife in each village. There are usually also some girls studying midwifery, so that as the years pass the younger women can take over from the old midwives. No male is allowed to be present at a Badaga birth. Any woman can be there, and generally women who know how to deliver a baby are asked to come, as are the girls who are learning midwifery. There is no rule that small girls should be excluded but they usually are because they may become afraid. For that same reason pregnant women are generally not allowed there. Women who are breast-feeding babies are also strongly advised not to come, since the strong smell may have a bad effect on both mother and child. Despite such warnings some brave nursing mothers may still come,

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K. Sithamma (1891-1976), therapist
and midwife

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(Madras 1928 : 63). It affects children and weak men, when the colon "moves out of position," and is marked by vomiting or diarrhoea, or both. The curing is most often done by a woman therapist, and each has her own preference as to how best to position the patient. Thus he stands up or lies down, as the case may be, while the therapist runs both hands up and down the abdomen. She presses on it too, so as to change the position of the colon. Then for the next several days the patient must rest, take little food, and not exert himself in any way. One female therapist used to make the patient stand on his head in the small depression of the pounding-stone that is sunk in the floor, and he was held upside-down thus while she rubbed his abdomen. Two other therapists made the patient lie supine, and then slapped his stomach. Yet another was reported to have treated a man with dysentery as follows : "He was laid on his back on the floor and the woman performed a sort of stepdance on his abdomen for a quarter of an hour. Then he was turned to face downwards and the stamping process was applied to the small of his back. Apparently they believe that if by some chance the loops of the bowels have changed from their right position, this drastic method will correct them." (Ketti Medical Mission 1943 : 6)

If the condition persists after one or two weeks, patient and therapist go to a local waterfall at four or five in the morning. There the colon is manipulated into position, and then the patient lies under the waterfall for an hour or two, with cold water falling onto his stomach. Even if he becomes unconscious he is kept in that position. Should he live in an area with no waterfall nearby, the same effect is obtained by having him lie on the ground while numerous pots of water are poured on him from a height. For six months after the treatment the patient does no strenuous work ; but if he is fully cured afterwards he can do any-

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842 be that way for every thousand women who are. It is not assumed that a women is barren if her first marriage produces no children, however: the couple should divorce and both remarry, in order to have children with other spouses. By this procedure it will be seen whether a person is really infertile. Badagas believe infertility is caused by a (754) curse, or by sin done in one's previous life, or by (783) the sins of one's ancestors. In some villages a (837) childless man would allow his brother to have (835) coitus with his wife in an attempt to gain offspring.

842 I was unable to identify any definite medicine for infertility. A barren girl was inspected nude by ● 759 a therapist and told that "she was intended to be a male and would never have childern." (Sometimes the therapist could tell from a girl's face if she were incurable, and told her so.) Nonetheless the female therapist later on (around 1930) made 842 a positive suggestion for curing the barren girl: 759 she should get hold of a small boy just after he 755 had defecated, and while his penis was in a some- 839 what erect state; she should then gently suck on his organ. This was probably a reflection of the (827) idea offered somewhere in the Puranas that the semen of small boys is in vaporous form; later it becomes liquid; and in old age it has become solid. It is highly doubtful, however, whether any Badagas believe a woman can be inseminated through the mouth.

842 This particular therapist did have a medicine for infertility, but apparently died with her secret 757 long before I worked in her villages. She did know of a plant that cured the affliction, and once mentioned to a daughter-in-law that the cure was very difficult and that she had very high standards for its proper performance. In administering the medicine she also told women they should love their husbands to the utmost, for they were usually barren simply because their minds were not

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by headache, nausea, reddening of the eyes, and perhaps some part of the body not functioning normally. The first phase moves into a severer second phase after the eighth day, so that the therapist has to watch closely for symptoms that differentiate it from Small Wind. In the latter illness the fever is "all over the body," whereas in Big Wind it is everywhere except "where the Big Wind struck." If a large area has been "struck," an entire limb may be paralyzed, the other feverish parts of the body are hot and sweaty while the "struck" part is cold.

No one has died of the disease, but if a cure is not effected the patient may be partially paralyzed for the rest of his life. Fortunately it is a very rare disease: my elderly informant, Sithamma, could only remember a single instance of it in her village during the entire century. The patient was a small boy. She brought a male therapist to him from another village; for while a lady therapist could mix the medicine it it usual for a male to rub the medicine all over a male patient and for a female to treat another woman.

Very few know the cure. Of the three men I heard about, one practised over half the Nilgiri Plateau, a second was too old to practise, and a third was not successful with the treatment because of his impure life. From all but the very poor the one still practising therapist accepts presents of any kind, but does not make a formal charge for his services. The patients do also have to give him 1/4 rupee as a "tree-present" and 1 1/4 rupees as "lamp-present" (see below).

The illness is caused by a passing god (*de:va:digo*), the corner of whose cloth has touched a person. The Big Wind starts at the point where the cloth hits him, and then spreads through the body. If the point which was struck is bigger than a rupee coin, it means that the god was angry with the patient, and in that case he cannot be cured although he will still live. According to one therapist the

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757 medicine could help, especially if administered in a hot climate, but it would not effect a complete cure.

757 The complexity of this cure arises from the large number of plant species that have to be collected.
759 Most crucial and first to be gathered by the therapist is a piece of grey bark a centimeter thick removed from inside the fork of the Indian kino tree, which grows at the low elevation of about 3,000 ft. near Burliya:r village. The tree generally has only one main stem, but the bark will be more effective if it is taken from a forked tree, and better still if from a three-stemmed tree. Although it is difficult to find this tree it is essential that the therapist get the bark himself. Were some other person to go and get it he would have to perform the rest of the treatment too. The therapist leaves his home around five in the morning as a ritual precaution, because he does not want to meet anyone lest he be asked, "Where are you going? What for?" Such questions would be most inauspicious until he has passed the boundary of his hamlet. Until that point he must be on foot, but thereafter he can use any kind of public transportation.

Having located the tree the therapist first takes a leaf from it and puts it under the tree with a four-anna coin donation on top; this has been given him by the patient. Then he prays to the tree and to the 782 god, asking that the man be cured. In this prayer he must be sure to mention the man by his original name and not by any nickname. Then the therapist cuts some of the bark off with a small knife and puts it in his bag—or formerly in the pocket of his cloak. This he can do at any time before noon. After finishing he takes the coin for himself and also puts some leaves from the same tree into his bag. One such collection of bark suffices for the entire cure of one patient. However, although it is a big trip to get the bark, the therapist cannot bring more than he now needs, as any excess would be useless for any other patient. This is because a later patient's name

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could not have been uttered during the prayer under the tree. If on the other hand the therapist has two patients needing this cure at the same time he can put down the first coin on a leaf, pray for one man, cut some bark for him, ~~and then repeat~~ the process for the second patient.

When the therapist goes to get the bark he takes along another man from the patient's hamlet. The family of the patient bear the expenses of both men. This second person comes to help, in case the therapist is attacked by a tiger, or injures himself, or gets caught by the forest guards—for this tree will be in a Government Reserve Forest. The therapist has to collect 90 plants for the medicine; but he must get the bark before the other 89 ingredients. (A botanist has noted that the bark yields an astringent gum-resin that is 75 per cent tannic acid; Gamble 1922:261). Among the items that are apparently considered necessary are Jamaican switch sorrel leaves, blue-gum leaves, rue leaves, Bermuda grass, cockspur flower, cumin, *hulla majjige*, and some cowdung. Another important thing to collect is some strips of fresh bark from the Indian willow tree. These he will go on collecting until evening, either around Burliya:r or on the way back to the hamlet. The medicine for Big Wind really consists of some 40 specific plants (the identities of which I have not discovered); but altogether 90 plants must be used in it, the remaining 50 being of any varieties available. On the first day of the treatment the therapist may not bring all 90 plants, yet he can still make the medicine with what he already has and use it. On the second day he can add more plants to the same medicine and re-use it. On the third day he must be sure to have all 90 plants in the medicine. This mixture has been boiled though, and it can only be kept for three days. If the treatment goes on for longer than that, then fresh medicine has to be mixed, using more of the bark that was originally brought

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from Burliya:r.

The cure for this ailment should preferably begin on the auspicious days Friday, Sunday or Tuesday. If the need is urgent it can also start on a Monday or a Wednesday; but never a Thursday or Saturday. The curing is done every night for at least three days, and it may continue till the fifth, seventh, ninth or eleventh day from the start. Usually the cure is done twice nightly; but if the case is very serious it will be done three times a night, at about 1900 hrs., midnight, and 0500 hrs. The curing can begin right after sunset, but it is generally started later, after supper. It is done at night because the house must remain closed throughout, including all windows.

When the therapist brings all the medical materials he has collected, he hides them somewhere in the bus nearby rather than bring them straight to the patient's house. These materials must not be brought near children, not because the children are impure, but because some of the plants are probably poisonous and the Indian willow is hallucinogenic.

Before he starts in the evening the women clean the house and sprinkle liquid cowdung on the floor. If there is any meat in the house it should be taken out before the cleaning begins. As the sickness is caused by a god, the people present while it is being treated must be pure. For this reason no women are allowed to stay, except those who ceased menstruation at least 12 years before. No children under 18 are allowed to stay either, "because they may be affected by some bad smell," and contract the disease. None of the men present should smoke during the night either. One of them may be allowed to go into the bathroom and urinate or smoke, but only if his need is great.

Only when all the women and children have left for the night does the therapist go and bring the hidden plants into the house. The door is then shut behind him, and must not be opened again

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Diagram 5 : Spheres of Mediation

182 call in an appropriate mediator. As we shall see in the following section a token fee, travel expenses, or a small gift are the greatest 182 material rewards that most therapists would expect as a matter of course. The prestige that comes from serving their community is in 759 fact a more important consideration for all of the mediators; and when we recall that most therapists and all midwives are in fact women, it is understandable that they would not be practising out of a desire for material gain, since adult women are invariably married or widowed and thus are to be fully supported by their husbands or sons. In the words of the proverb, "If your lifetime is worth six [of something], taking care of [others'.] life is a hundred times more valuable." The therapists try their best, but their fellow villagers do not seem to expect miracles from them. It is 691 worth noting that Badagas credit only the male exorcists with some

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healing *powers*; all other specialists are only deemed to have therapeutic *skills*. There is an essential difference between a spell and a medicament.

Becoming a Therapist

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10.3. About three-quarters of the Badaga therapists are women. While I do not know their exact number, it seems that several of them are to be found in every clan and phratry of the community. This means that most of the 370 villages do *not* have their own therapist but can find one in a nearby hamlet. K. Sithamma, for example, was the most prominent therapist in the four or five villages contiguous to her own, and where she normally practised her craft—including one village of the Kota tribe. A hundred therapists and another two hundred experienced midwives would be my rough estimate of their numbers at present; but not all of them are still practising today.

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A sample of 420 Badaga adults was questioned in 1963 on whether anyone came to them for any medical advice and/or treatment. About 40 per cent of both the males and females stated that they did offer such advice, as is shown in Table 7.

Table 7. Dissemination of Medical Advice

	MALES	FEMALES
Who comes for medical advice ?—		
friends and relatives in general	21.9%	21.8%
anyone in need	8.6%	3.4%
only younger people	3.3%	10.9%
older, uneducated people	1.7%	0
immediate family members only	3.7%	5.0%
no one	59.8%	58.8%
not ascertainable	1.0%	0
	(*N*=301)	(*N*=119)

This table suggests that there are as many male as female therapists: this I rather doubt. Instead it seems likely that, numerically,

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(diagnosticians + exorcists + male specialists + male therapists) = (female therapists + female specialists + midwives).

10.4. Generally when a therapist goes to treat somebody she notes which girls are regularly present and, over a series of cases in that particular village, she slowly teaches these few girls her craft so that they can carry on after her. (This is in fact what K. Sithamma did, and was how she herself learnt from her husband's mother.) Then if a particular trainee is not present when she goes to see a patient, that person is sent for. Unrelated trainees are sometimes unavailable at the time a therapist calls for them, because of household duties. However, a therapist often teaches her sons' wives the art, as these young women are regularly available for training, and morever are eager to please their husband's mother. Since coercion is typically not used, it is a self-selecting process for someone to become a therapist. One hears of no jealousy between therapists; the older ones want the young to learn from them if they are properly motivated. As these younger therapists take over in their villages the old ones can work less, but will still handle the most serious cases and may also be consulted by young therapists or midwives. Even so, there are some who retain certain professional secrets that they refuse to divulge to a younger person until just before they die. These secrets include treatment for the final stage of *ka:male* (7.9), for the final stage of Big Wind (7.10), the plant which can cure a girl's infertility (6.62), and the plant used in the more advanced treatment for a white spot on the conjunctiva (6.36). It is felt that these things should only be passed on by a dying therapist to the person he or she has accepted as the prime successor. More generally, we may note that the professionalization of Badaga medical knowledge is sufficient to pose a barrier to its acquisition by laymen. A therapist sets and maintains her own conditions for selecting and training another generation. and tries to enforce her own standards of practice (Young 1976 : 10). Furthermore, the number of her patients declines as a therapist gets old. This is partly because the younger therapists are taking over, partly because the old person's hands may not be strong enough, for example, to deliver a child, and partly because many of the Badagas are now turning to scientific medicine.

There is no school or other formal institution for training Badaga therapists, and probably none of them has attended the large

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Ayurvedic colleges that can be found elsewhere in India: Ayurveda is for them an alien medical system, taught in a foreign language beyond the Nilgiris.

There do seem to be some differences between the practices of male and of female therapists. Most obviously, women deal with gynaecology and obstetrics, while men deal with illnesses like Big Wind which involve baring a male patient's genitals. Men also tend to treat skin diseases, defective limbs, deafness, etc., while women tend to concentrate on all the illnesses affecting women and children. Otherwise therapists of either sex do treat patients of either sex, insofar as propriety will allow. The manner of treatment varies somewhat, however, in that male therapists often use spells (*mantras*) in their curing, whereas female therapists rarely if ever do, but instead rely more on herbal medicines.

10.5. When a person contracts an illness he first goes to a therapist in his own or a neighbouring village. If that person cannot effect a cure the patient, perhaps escorted by his therapist, goes to seek the advice of a more distant therapist who is noted for his abilities with an appropriate treatment. Only if this specialist also fails with the patient does he go to a Western or an Ayurvedic doctor, who usually lives in one of the towns and is a non-Badaga. The above is not however an invariable route for the dissatisfied patient, for there are other factors that may guide him differently. Thus if he is closely related to a therapist in a distant village, or a Western-style doctor in town, he may go to that person first. If there are young college-educated people in his family, they may encourage him to go directly to a hospital. Or if the treatment recommended by a Western or Ayurvedic doctor is too costly, a poor person may be obliged to continue his treatment at the hands of a Badaga village therapist; or he may go to a Kurumba specialist instead. There is thus considerable variation in the management of an illness.

There is also some variation in payment practices. It is usual to give some small fee, if only as a courtesy, to all therapists, male and female, for any kind of treatment. Kurumba specialists now expect a substantial 100-200 rupees for a treatment. K. Sithamma however was an example of a therapist who was told by her eldest son that, because of their family's respectable position in society, she should not accept any fees whatever; this was also the case with her mother-in-law and with some others. Sithamma felt

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759 that if this habit became general, the therapists would make themselves equally accessible to all patients.

(844) (431) There is a local tradition that a midwife should be given a new dress by the child's father after a delivery. It is actually given at the child's naming ceremony or else on the last day of the funeral observation should the neonate die. For the last 15 years of her life Sithamma did not deliver babies herself, but was sometimes in attendance and instructed her assistants. People still offered her the dress, but she blessed it and asked them to give it to somebody in need of it.

Midwives

759 554 10.6. Through the centuries there has been one special role, outside of the family, that has always been held by women, and that is the role of midwife. It has been a position that commands respect for the skill that she must have. Not every woman of course is a potential midwife; but the interested younger women receive some training whenever a delivery occurs in their village. A midwife quite often becomes more than a deliverer of babies. Partly because she is asked to minister to the varied health needs of parturient women and the newborn, she is trusted and consulted and may in time become skilled as a curer of other physical disorders as well. Sometimes she supervises birth among the domestic animals.

759 844 (842) Often there is more than one midwife in a village; other women are asked to come to a delivery if they have helped with one before, and of course the girls who are learning midwifery attend. Yet other women will want to come and watch, and barren women may feel that if they attend they might also become pregnant through the magic of contiguity. The small room may therefore be quite crowded and stuffy.

759 844 783 (515) Midwives go to their work without necessarily washing first. A midwife is polluted by each birth—for three days if it is the mother's first delivery, for one day otherwise ; but this does not imperil a midwife's status in the community. If it is a woman's first delivery, the midwife throws her own clothes away, otherwise she just washes them. A high-status Lingayat such as Sithamma removes her *linga* emblem before beginning at the polluting

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task, and does not put it on again till she has bathed herself at the end of the pollution period.

Today each cluster of villages (i.e. Panchayat Board) has one trained nurse and two or three midwives appointed by the State Government. The later are just experienced Badaga midwives with no formal training who happen to have been recommended for the position.

Exorcists and Shamans

10.7. Badaga exorcists are always male, and are very few in number. As often as not Badagas' ghosts have to be exorcized by non-Badaga exorcists. These men may also have lesser therapeutic skills, such as making talismans to ward off fevers and evil influences from the children who wear them. The idiosyncratic nature of exorcism is sufficiently indicated by the examples in Chapter 8 and calls for no further elaboration here.

The most feared *mantrava:dis* (shamans) in the Nilgiris were members of the Kurumba tribe, one of whom might be "called in on all occasions of blight and murrain to propitiate or scare the demon of disease"--if such there be (Breeks 1873: 53). Though this may still occasionally happen, I find no record of Kurumbas acting as exorcists to the Badagas, even though they did offer much supernatural protection to them from the sorcery of other malicious Kurumbas ; and they do sometimes try to cure the sick. Thus, "In 1891, the inmates of a single Kurumba hut were said to have been murdered, and the hut burnt to ashes, because one of the family had been treating a sick Badaga child, and failed to cure it.... Again, in 1900, a whole family of Kurumbas were murdered, of which the head, who had a reputation as a medicine man, was believed to have brought disease and death into a Badaga village." (Thurston 1912: 233-34 ; also 1909 : 86). The Badagas were never so brutal with their own therapists, but the latter never seemed to be holding the threat of sorcery over the heads of their fellows. The worst that an unpopular therapist might have to suffer would be the mockery of an appropriate proverb; for instance, "He has healed others, but cannot cure himself" (Metz 1864 :95), or "It is half bad if you do something [wrong] when you know about it; entirely bad if you do it when you are ignorant."

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Other Specialists

10.8. Midwives and exorcists are specialists, of course, but they differ in status. The midwife deals in the pollution of blood, and is always a female; the exorcist deals in the danger that spirits bring, and is invariably a male. It is thus in accordance with Hindu —and Badaga—thinking that the exorcist ranks higher and the midwife lower in esteem than the more general therapist, whether male or female: one handles supernatural power, the other female pollution.

Aside from these categories, however, there are other specialists who are known for their ability to handle particular types of malady. In the foregoing chapters we have encountered three instances of such people. One was a woman, the grandmother of my informant M. N. Thesingh. At the time of her death in 1941 she had treated "nearly a thousand cases" of infertility in women, and found only half-a-dozen of these to be really barren women. For the rest, she prepared a medicine out of three or four different plants. What they were was a secret she took with her to the grave, for she thought that if she taught the medicine to anyone else it would not work well for either of them. She even told her grandson, "You must discover the technique for yourself." He took this to mean that he should spy on her, and once did so. She used to get up at about five in the morning, wash, and then go out to the fields or the forest. On reaching the spot where the necessary plants grew, she looked around till she saw what she wanted; then, with the plant in front of her, she stood facing the east, her palms touching each other as she prayed. Then she sat cross-legged on the ground at that spot and removed a silver ring from the middle finger of the right hand. This she placed on the plant that was in front of her, prayed again, then replaced the ring and picked the plant. She explained later that the ring was an offering to God ; but her grandson failed to discover the identity of the plants.

One case that is remembered by him illustrates the assurance with which this woman treated her patients. A 19-year old girl was was brought from a very distant village, her problem being that she had never menstruated (or had she, but was afraid to admit it for fear of being married?). She arrived on Wednesday, but the therapist (like her daughter-in-law Sithamma) refused to begin new treatment unless on a Tuesday, Friday or Sunday, which are auspicious days; so the girl had to wait.

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cious days; so the girl had to wait. She started working in a field to while away the time. After several hours the therapist called her over and said the girl need not have come as she would be menstruating in a day or two. And at about five on Friday morning she went out of the house and began her first menses. The woman who had come with her was overjoyed, and fell at the therapist's feet in gratitude. The girl bathed and was given clean clothes, then returned to her village. Such tales enhance a reputation greately; we do not know whether any medicine was involved in getting the desired result. Asked how she could foretell such things, the therapist said that when she went to gather the herbs at dawn and prayed to God, He gave her the information needed. She also got accurate information from her dreams: thus on one occasion she dreamt that part of a wall had fallen in a heavy rainstorm during the night; another time she dreamt there were pigs in the potato field; and yet again she dreamt a particular buffalo was giving birth to a calf. On each of these occasions she woke up, told her grandson, and sent him immediately to check; and each dream was precisely true. In each she could indeed have been stimulated by some actual noise; but the effect was that relatives and neighbours believed in the infallibility of her knowledge, and she was quite famous in the Nilgiris for that.

Another specialist whose work we have described in detail (7.10) is the man who cures Big Wind. As he himself explained, there are three Badagas who know the cure, but he is the only one still able to practise. One of the other men is too old, and the third drank liquor, ate meat and generally led such an impure life that he was not successful with the treatment. The practising therapist in contrast is a vegetarian, and he works over half the Nilgiri Plateau. He never turns away a patient, because it would be sinful to do so, just as he feels it would be sinful to teach the treatment to someone who was not willing to take on every case. This therapist, who was about 80 in 1963, never charges his patients, for he believes the medicine will lose its efficacy if he puts a monetary value on it and on his own labour; but he is willing to accept gifts.

A third specialist whom we have mentioned lives in the village of Kallaṭṭi, and is famed for his treatment of the *ka:male* diseases (7.9). His family have had this speciality for the past three or four generations. He uses the dried bark of a tree that grows on the lower slopes of the Nilgiris, but there are different

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759 instructions for taking the medicine he prepares from it, depending upon which of the half-dozen related *ka:male* diseases he diagnoses.
757 10.9. Therapists, both male and female, who treat people are regularly called in to treat animals too, and midwives are often asked
759 to help deliver calves. Kurumbas and Todas are not called in to
232 treat Badaga cattle; (the Todas treat their own). Women therapists never treat cattle for *kundu* (see Appendix), since this requires that the therapists remove his loin-cloth at the time.

75 It is a common subject for question and objection on the part of Western intellectuals that primitive therapeutic systems probably do no demonstrable good to the patient, unless it be the psychological good of convincing him that he is cared for. This would not, I think, be a charitable view to adopt with Badaga therapeutics, since the many herbal remedies do demonstrably cure very often. Though
759 we can probably accept that therapy has a real role in maintenance of the human organism and in its reproduction, we cannot however
232 speak with so much confidence of the ecological role played by therapists in the preservation of cattle. The prayers and rituals for curing cattle perhaps relieve Badaga anxieties, but they clearly bring no objective benefit to the cattle unless accompanied by effective medicines. Most of the cures and advice offered by therapists do in fact have to be ruled out as ineffective: it is perhaps only with the birth and raising of calves that we can feel confident the therapist makes a genuine contribution to the health of cattle and hence to the supply of Badaga foodstuffs.

Missionary Therapists

177 10.10. It is important to realize that Badagas have been familiar
797 with selected aspects of Western medical practice since shortly after John Sullivan established the first British settlement on the Nilgiris in 1819 (Hockings 1973). While there is no record of his having offered, or even been qualified to do, any medical treatment for the native population, others did begin to do this soon afterwards. In the 1840s a retired judge, J.G. Casamajor, devoted his declining years to the health and welfare of his Badaga neighbours: "There was a room in [his] Kaity house, a sort of hospital, where Mr. Casamajor for a long time attended every morning from 7-8 o'clock, giving medicines to the fever patients, putting plasters upon the wounds and sores of the poor, giving clothes to the naked [sic!],

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that the mission hospital was of considerable value, particularly during the War years, except as a place for childbirth. Badagas and others came from villages as far as twenty miles away to seek treatment, and a number of doctor's visits were made to patients in their homes as well. "When our work was first started we were confronted by opposition in some of the villages. Now opposition has disappeared and wherever we go we are welcomed. Moreover, when a patient is very ill we are often requested by Hindu Badagas to hold the patient's hand and pray to God for his or her recovery." (Ketti Medical Mission 1940: 3). From the village where K. Sithamma was born "has come the request to open a small dispensary, the villagers offering to bear part of the cost. If the way opens we shall be glad to help...." (Ketti Medical Mission 1941: 6)

Dr Simon found that the common Badaga diseases were "pneumonia, typhoid, dysentery, hill diarrhoea, malaria, rickets, intestinal parasites, tuberculosis, anaemea, food deficiency diseases, skin diseases such as scabies, ring worm etc." (Ketti Medical Mission 1951 : 3). He also recorded a few deaths among patients due to pneumonia, diphtheria, cerebral hemorrhage, and damage during birth (Ketti Medical Mission 1934: 10; 1938: 3-4; 1951: 3). This is in contrast with the situation reported a century earlier, when the most prevalent diseases were said to be "small pox, occasionally fever, and an affection of the eyes resembling ophthalmia" (Ouchterlony 1848: 65).

The inroads of scientific medicine have been such that in 1972 the informant Sithamma told me that although she used to recommend Badaga therapy as the best, she was now recommending Western medicine and hospitals to people. In her well-informed view therapists giving traditional treatment no longer know it properly: the good therapists are dying out, while younger women are not seriously interested in studying the subject. An old therapist should not teach, but simply be observed by students, and today the young are not motivated to learn in this way. The few girls she had trained in midwifery were still calling for her help whenever they had to attend a delivery.

Knowledge of Physiology

10.12. If we are to gain some further insight into Badaga conceptions of health and medicine, we need to discover their indigenous

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121 ideas about how the human body works; and this is by no means easy. Many Badagas have studied biology in college or high school; a few are qualified doctors (M.B.B.S.); others again have butchered dead animals; while yet others can at least claim to have someone in their family who has acquired some knowledge of physiology by one of the above avenues. And popular magazines that Badagas read now contain medical sections concerned with their readers' health. Knowing how pervasive this kind of knowledge has become during the present century, I had to be very careful in my choice of an informant who could explain to me the indigenous Badaga notions of how the body functions. I finally selected a man who believes himself to be about 80 years old (in 1977), who is illiterate and has never attended school, who is a Woḍeya, and hence orthodox, conservative, and vegetarian, who has never butchered an animal, and who practises some medical cures. What he knows of medicine and physiology he learnt from his illiterate father, and to a lesser extent from his mother, early in the century. His village is situated midway between the villages of my other medical informants, and no further than 5 kms from any of them.

759 827 After listening to this man for some hours, I realized that ordinary, uneducated peasants like him can have the confidence to become therapists, winning recognition and trust for their craft, because the village Badaga who is their primary client accepts that the workings of the body are a much simpler system than anything we know of in the Western world. Very broadly, such people see human physiology as a single system, with everything centering on the belly. They do not know of the nervous or muscular systems, and their ideas about the circulation of the blood are so rudimentary that do not recognize the role of the heart in this. They conceive of a single organ in the chest, the *nenju*, which is both the heart and the lungs in our terminology, but which is of no particular importance in their scheme of things. Of course they know that the heart beats, but they believe this to be simply the sound of air vibrating in the *nenju* as it passes down to the belly by the process of breathing.

827 826 10.13. There are about 16 organs in the body, and nearly all of them are connected somehow with the belly, which is thus responsible for digestion, blood circulation, reproduction, breathing, smell, and even sight and speech.

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It is true that different Badaga therapists may give varying diagnoses of a complaint, and the recommended treatment will vary accordingly. A patient should follow the advice of the superior and most influential among the therapists he consults. A general Badaga attitude towards "experts" is expressed in a proverb : "It is half bad if you do something you know about, entirely bad if you do it when you are ignorant." The point is that a knowledgeable person will at least know what risks he is taking : mistakes are tolerated, blunders are not, as one informant put it. An incompetent therapist or midwife may be cut down to size with another proverb : "By claiming to have qualifications he became king; by spoiling it he became a poor man."

10.15. In ancient Sanskrit texts (Charaka Samhita I, etc.) it is stated that there are three aspects to man: behaviour, mind, and health (*pittam*). Although Badaga therapists have not been able to read such texts, they do believe there are three arteries in the wrist, one controlling each of these factors. These arteries pulsate, and one can tell whether they are "good" or not. In one small village of about three hundred people where I worked there were four men who had this diagnostic skill, but none of them ever practised as a therapist. I was told that such Badagas can check the pulse, on the right wrist of a male and the left of a female, to determine which aspect of the body is upset. Its associated artery will be pulsing irregularly. Athough being a diagnostician seems to be viewed as an informal and unimportant role by Badagas, it is clear that these men actually play a crucial part in deciding whether or not a person needs some therapeutic treatment; and to this extent there is a male surveillance over the (mainly female) therapists and their work. In the village just mentioned, for instance, it is worth noting that one of the four diagnosticians was the son of the only therapist there *and* was also the traditional (though inactive) headman. The other three men commanded a certain amount of respect too because of their social positions.

10.16. Dreams are not considered to cause illness, but they are certainly diagnostic of problems to come and are treated as omens by the Badagas. So if one dreams about snakes, it means there is something impure and thus threatening in the house. If one dreams of eating honey, he will get cold and become ill. If a woman dreams of eating fruit, especially oranges, she will become pregnant before the next menses. If she dreams of losing her nose-